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ABSTRACT

The influence of professional accreditation on community college nursing and allied health curricula is discussed in these five papers. First, Robert Evans presents the community college viewpoint, distinguishing between general/institutional and programmatic accreditation, outlining the growth of programmatic accreditation, and citing as concerns the financial cost of specialized accreditation activities, the increasingly narrow focus of accrediting agencies, and the relationship between accreditation and program quality. Bernadine Hallinan then presents the nursing viewpoint, noting activities of the National League for Nursing in promoting nursing education, i.e., testing, consultation, continuing education, publications, research, and accreditation, and citing reasons for seeking program accreditation related to self-analysis, quality assurance, and career mobility of graduates. An accreditation viewpoint is expressed by John Fauser, who discusses the purpose of specialized accreditation and the responsibilities and current concerns of the Committee on Allied Health Education and Accreditation. Next, William MacLeod summarizes the three viewpoints and discusses the history of specialized accreditation, its purposes and concerns, and how accreditation issues may be addressed by accrediting agencies, the Council on Postsecondary Accreditation, and the institutions. Finally, Gladys Hatfield surveys current literature on specialized accreditation issues. (KL)

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the NATIONAL COUNCIL of INSTRUCTIONAL ADMINISTRATORS

presents

"The Impact of Nursing and Allied Health Professional Organizations and Accrediting Agencies on Community College Curricula"

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Proceedings of the annual conference
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—INTRODUCTION—

A series of papers, "The Impact of Nursing and Allied Health Professional Organizations and Accrediting Agencies on Community Col'-ge Curricula" was sponsored by the National Council of Instructional Administrators during the American Association of Community and Junior Colleges' 1982 Convention in St. Louis. Papers by Dr. Robert R. Evans, Administrative Assistant to the President/Dean of Administration Services at Olympic College, Bremerton, Washington; Dr. John J. Fauser, Director, Department of Allied Health Education and Accreditation of the American Medical Association; and Ms. Bernadine Hallinan, Chairperson Emeritus of the Nursing Program at Howard Community College, Columbia, Maryland were presented to an audience of trustees, administrators, and faculty at the N.C.I.A.'s Forum. A fourth paper by Dr. William J. MacLeod, Vice President of the Council on Postsecondary Accreditation was presented to the N.C.I.A. membership at the annual Business Meeting held in conjuncture with the A.A.C.J.C. Convention.

The four papers are an outgrowth of the N.C.I.A.'s interest in the topic of professional accreditation and how professional accreditation affects community colleges especially their curricula. Considerable work has been done on this topic by the N.C.I.A. Commission on National Issues with additional activities planned for 1982-1983. This Commission is headed by Dr. Jeffrey D. Lukenbill, Director of the General Education Project at Miami-Dade Community College in Florida.

Presenters at the Forum were requested to focus on professional accreditation in the fields of allied health and nursing. Dr. Evans spoke to the community college viewpoint indicating pressures, concerns, and constraints of community college personnel as caused by professional accreditation. Dr. Fauser concentrated on allied health professional accrediting agencies with their pressures, concerns, and constraints. Ms. Hallinan addressed professional accreditation from the nursing standpoint particularly stressing the role of the National League for Nursing.

Dr. MacLeod's paper at the N.C.I.A. Business Meeting was intended to bring together the different viewpoints expressed at the Forum. He also indicated the role of regional accreditation vis a vis professional accreditation and how the two relate.

Also included with the four papers is a "Survey of Recent Literature" on the "Impact of Nursing and Allied Health Professional Organizations and Accrediting Agencies on Community College Curricula." This was prepared for the N.C.I.A.'s Commission on National Issues by Ms. Gladys E. Hatfield, Director of Allied Health at Chemeketa Community College in Salem, Oregon.

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A COMMUNITY COLLEGE VIEWPOINT.....

Robert R. Evans
Administrative Assistant to the President/
Dean of Administrative Services
Olympic College, Bremerton, Washington.

There are two basic types of accreditation, general and programmatic. General, or institutional accreditation, is concerned with the quality of an entire institution. The Council of Postsecondary Accreditation and the U.S. Department of Education recognize six regional accrediting bodies: the Middle States, New England, North Central, Northwest, Southern, and Western Associations. Specialized accreditation, however, is concerned with the evaluation of a specific program within an institution. There are three categories of specialized programmatic accreditational. State licensing agencies or boards are accrediting bodies; for example, the various state boards of nursing. Certain professional organizations, such as, The American Chemical Association, function to accredit specific programs. There are also state and national organizations which are concerned with accrediting specific programs like the National League for Nursing.

American education is unique in that the development and maintenance of its educational standards are not the responsibility of a governmental agency, but are maintained through a peer evaluation system. Accreditation in the United States began in the early 1900's. The North Central association first published a list of regionally accredited colleges and universities in 1913. The American Medical Association, (AMA), in 1905, initiated specialized accreditation of medical schools, as a result of the low quality of medical education in the United States at that time. The AMA was successful in their efforts and forced the closure of inferior medical schools. They also established the mechanism by which other professional organizations could become involved in the educational process.

Since the inception of accreditation nationally, associations dealing with institutional accreditation have grown from one to six. Specialized accrediting agencies, however, have grown from one to sixty-three, currently

listed by the U.S. Department of Education. This list does not include the various state licensing agencies or boards such as state boards of nursing, cosmetology, barbers, and dental hygiene. If it is conservatively calculated that each state has two such licensing agencies or boards that affect community college curricula, one for nursing plus one additional, there are a total of 163 such groups nationally that are currently impacting community college curricula. Growth in the number of specialized programmatic accrediting agencies has been phenomenal in the last ten years. In 1971, there were 43 such bodies recognized by the U.S. Secretary of Education. Currently, there are 63 specialized accrediting agencies recognized by the U.S. Department of Education. This growth has been particularly rapid in agencies accrediting the allied health professions. The AMA alone lists 26 allied health occupations for which it serves as the accrediting body in collaboration with other allied health specialty organizations.

The majority of colleges do not challenge the right of accrediting agencies to establish minimum competency standards, designed to protect the public. Specialized accrediting agencies have, however, drifted away from simply establishing minimum competency levels. In many cases they have narrowed their focus to the point that they are attempting to manage not only the curricula but also institutional policies and procedures. In addition, some of them function to protect the professional interests of their members. The current *Allied Health Education Directory* (AMA, 1980) published by the American Medical Association, lists accreditation standards for the 26 allied health occupations for which it serves as the accrediting body. These published standards provide ample examples of the narrow focus of various accrediting bodies. In many cases these standards are so specific that they prescribe student admissions standards. For example, the Medical Assistants Essentials and Guidelines state that "a medical examination, including a serology test, and a chest film or results of an approved tuberculin screening test, shall be part of the admissions record." Others specify staffing levels and job descriptions as seen in the section on Medical Laboratory Technicians, which states that "educational institutions conducting a medical laboratory technician program must establish the following functional positions and staff

them with qualified individuals. Education coordinator: . . . duties of the Education Coordinator include participation in didactic instruction, preparation of scheduled assignments in the clinical laboratory . . . admission policies . . . recruitment . . . Program Director: the Program Director shall be responsible for the general supervision and coordination of the entire program including all instruction in the affiliated medical laboratories. Medical Director(s): the Medical Director must be a graduate in medicine . . ." Other accreditation criteria control the use of institutional facilities as exhibited by the Occupational Therapist Standards which state in part that, "a laboratory must be permanently assigned for the exclusive use of the occupational therapy program." In some instances, even instructional methodology is specified. The requirements for respiratory therapist accreditations state that "self instructional materials and appropriate audio-visual equipment shall be available and used whenever appropriate." The above examples are indicative that specialized accrediting agencies require colleges to comply with many regulations which go beyond establishing minimum competency levels for program completion.

Why have colleges become so heavily involved with specialized accreditation? The colleges, at times, are their own worst enemies, and frequently institutions have entered into specialized programmatic accreditation for the wrong reasons. An institutional self-study submitted to the Northwest Association of Schools and Colleges stated that "although the _____ program is not currently accredited by _____ agency, it is one of the major departmental goals to become associated with this prestigious organization. No school in our state is accredited by them." This is a prime example of utilizing specialized accreditation to seek accolades from peers.

There are three major reasons why colleges have become increasingly concerned with the impact of specialized programmatic accreditation. The financial cost associated with specialized accreditation is certainly one of the reasons. Olympic College just completed a self-study of its nursing programs for the Washington State Boards of Nursing at a cost of just over $12,000. The State Boards of Nursing Accreditation visit followed by ten months the institution's regional accreditation site visit, which found the College's nursing programs to be exemplary. Secondly, accrediting agencies are becoming more specialized and narrower in their focus and overlap responsibilities of other agencies and of the colleges themselves. The examples from the Allied Health Education Directory make this point. Lastly, colleges are beginning to seriously question whether specialized accreditation improves the quality of education. The National League for Nursing data from the July, 1981, nursing licensure examinations compares student performance from associate degree NLN accredited programs with that of students from associate degree NLN non-accredited programs. In four out of the five examinations given, the associate degree students from non-accredited programs outscored those from accredited programs.

Within the last several years, institutions have begun to look for solutions to some of these problems. The resolution passed in June of 1977 by the Board of Directors of the American Association of Community and Junior Colleges is an excellent starting point for colleges concerned about specialized accreditation. A portion of that resolution reads as follows:

"We also recognize the need for specialized or programmatic accreditation in a limited number of fields when it is clearly in the public interest. However, we do not believe that postsecondary education or the general public are well served when institutions must divert time, attention, and resources away from serving students in order to respond to demands of a growing host of specialized organizations. AACJC is particularly concerned when, as is occasionally the case, the requirements of the specialized accrediting body would dictate institutional policies, practices and even forms of organization. We support accreditation as a time tested process for evaluating and assuring educational quality and not as a vehicle for asserting political demands or protecting professional interests."

What do the individual colleges need to do? They must first define the role of specialized accreditation at their own institutions and then determine those specialized agencies with which they wish to be associated. The decision to participate in specialized programmatic accreditation should be based primarily on

the answers to the following questions.

1. Will specialized accreditation result in an improved program?

2. Is it necessary, not desirable, for the program graduates to obtain employment?

3. What is the cost associated with specialized accreditation?

4. Can we live with the basic requirements?

Remember that specialized accreditation in many ways is similar to quicksand; it is much easier to get into than out of.

If it is determined that specialized accreditation of programs is necessary, the institution should appoint an accreditation liaison officer. This individual should be responsible for all accreditation activities and must have a detailed knowledge of the specific requirements of the various accrediting agencies. The college should also insist that accreditation visits be minimized, normally not more frequently than once every five years, and coordinated with the site visitations of the regional accrediting body.

— NOTES —

A NURSING VIEWPOINT.....

Ms. Bernadine Hallinan
Chairperson Emeritus, Nursing Program
Howard Community College, Columbia, Maryland.

I was honored to be invited by Dr. Bazer to substitute for Dr. Virginia Allan, of the National League for Nursing, who is ill and unable to participate in this forum sponsored by the National Council of Instructional Administrators. The forum coincides with two significant occurences in nursing. The first is the 30th year Celebration of Associate Degree Nursing as the Heart of Bedside Nursing Care. You are undoubtedly aware of the project which was sponsored by NLN and AACJC. That Project has been completed and the final report will be given in a forum tomorrow afternoon. I encourage all of you to attend that forum which will highlight the recommendations for action from the state forums and describe the challange for the future for people involved with associate degree nursing programs. The second related occurence is NLN's extensive study of its entire accreditation process which has just been completed. A report on the recommendations and implementation will be given at the Council of A.D. Programs meeting on Wednesday afternoon. I also encourage you to attend that meeting to learn of the changes which have been made and are planned, e.g., election of the members of the Board of Review and the Appeals Panel. These changes will have a positive influence on specialized accreditation in nursing, and therefore on the curricula in community colleges.

This Forum, as indicated by the title, is concerned with the impact of professional organizations and accrediting agencies on community college curricula. There are two major professional organizations in nursing, the American Nurses Association and The National League for Nursing. The impact of A.N.A. on community college curricula has not been significant to date. This organization has quite recently initiated a proces for accreditation of continuing education programs, and some community colleges have sought approval for some select courses. Increased utilization probably will not occur because the time and cost involved are not comparable to the benefits received by the institutions. Then too, the highly controversial and widely publicized activities

within the A.N.A. to eliminate associate degree nursing, as it currently exists, as preparation for R.N. licensure (the 1985 Resolution) would surely have a significant and devastating affect on community college curricula. However, because of very active involvement by college administrators, faculties and organizations such as NLN and AACJC, legislators are becoming knowledgeable about the ramifications of the proposal and have thwarted legislation to change licensure laws.

Because most ANA activities do not directly affect community college curricula, and because NLN is the organization recognized by the U.S. Office of Education, C.O.P.A. and the regional accrediting bodies as the official accrediting agency for nursing programs, my presentation will be directed to one of NLN's missions, the one related to developing and improving the standards of nursing education. The programs and activities are varied, and I will address only six which I believe can have the greatest influence on community college curricula. I believe that the most significant of the activities is accreditation, and I have chosen to speak about that last.

1. Testing Services—Tests to assess competencies are available in the social, physical and biological sciences as well as in nursing. This allows faculty to compare scores for their students with national norms, and therefore, make an assessment of the school's curriculum. In April there will be a new test to measure all aspects of the nursing process, and this should be very helpful to nursing faculty.

2. Consulation—The League employs highly qualified professional staff members who have a broad range of expertise. NLN also maintains a list of qualified consultants who may be contacted directly by schools. Use of League approved consultants assures that the expertise of the consultant will be specific to associate degree nursing. For example, a League approved consultant would be knowledgeable about the Associate Degree Council's statement of competencies expected of A.D.N. graduates. Utilization of these competencies in curriculum development assists in differentiating associate degree versus baccalaureate level content and experiences. This differentiation is

crucial to the development and implementation of a quality educational program.

3. Continuing Education— Workshops and conferences are conducted throughout the year in various locations around the country. There have been numerous conferences on curriculum development and conceptual frameworks. These have helped many faculty utilize a unifying theme to develop a cohesive learning program. This is in contrast to the common, past practice in nursing curricula of numerous, unrelated courses with redundant content.

4. Publications— NLN has numerous publications, and some have been very useful in curriculum development. They include reports on conferences and workshops as well as doctoral dissertations which are specific to associate degree curricula.

5. Research—Two examples of the League's Special Research Projects are the Open Curriculum Project which included a review of curricula with the goal of facilitating career mobility from LPN to AD to BS, and the State Board Test Pool Validation Study. Many of you may know that the format for the licensing examination will be changed in July. It is unknown what the affect on curriculum will be until after the first test results are published.

6. Accreditation—This activity has involved the majority of associate degree programs; approximately 400 of the 700 associate degree programs have sought and achieved NLN accreditation. Among the numerous reasons for seeking specialized accreditation are:

   a. Self-Analysis—This allows faculty to assess the extent to which their program is evolving in the appropriate direction according to the changing needs of society, in contrast to parochial concerns.

   b. Quality Assurance—Attainment of accreditation in nursing allows the faculty to communicate to others the quality of the program relative to nationally recognized standards. This is very important to a variety of people — the employers of the graduates, the patients who will be cared for by the graduates, the students who wish to enroll in a nursing program, faculty who are seeking teaching positions in a quality program, and very importantly, the taxpayers who are providing the financial support for most of the associate degree programs.

   c. Transfer of Credit—The transfer of credit from one associate degree program to another is greater with NLN accreditation. This is important in our mobile society.

   d. Career Mobility—For ADN graduates who desire to continue their education, the acceptance of credits at a baccalaureate institution is greater from an NLN accredited AD program. This is again significant in a mobile society. Although some colleges and universities accept credit from non-NLN accredited programs, many do not.

   e. Commissions in the Military—Awarding of the appropriate commission in the armed services is contingent upon graduation from an NLN accredited school. This is important since more men are enrolling in AD nursing programs.

   f. Complementery to Regional Accreditation — The regional groups review the institution, but cannot possibly do an in-depth analysis of individual programs. NLN accreditation provides the opportunity for all aspects of the program, especially the curriculum, to be reviewed according to the institution's and program's objectives in accordance with criteria which have been established by professional leaders who are peers in accredited NLN programs. I would like to emphasize the importance of peers because of the history of nursing. It is imperative that diploma and/or baccalaureate programs not be transported to the AD setting. The program must be specific.

   g. Measure of Comparison — Assessment by peers according to national standards provides the faculty, administrators and governing boards the opportunity to make comparisons to other quality AD programs. For example, if a program uses a

1:7 lab hour to credit hour ratio while most others use 1:3, one could question the rationale for the 1:7. If a program has an 80-90 credit program while the national norm is 60-70, the rationale for the larger number could be questioned.

I believe that each of the above reasons is valid, and I further believe that only through detailed analysis by peers can the following specific aspects of a nursing curriculum be assessed:

1. whether the level of course content is appropriate to the competencies expected of an AD graduate in nursing
2. the extent to which clinical learning experiences are correlated with related theoretical content
3. the extent to which theoretical and clinical testing situations reflect the stated objectives of the course
4. that the types and kinds of learning experiences are appropriate for the content to be learned
5. that the design and implementation of the program is appropriate to the student characteristics

I have described some of the activities of NLN that can have a positive influence on community college curricula. However, there are some concerns that have been expressed by some individuals. I will speak to four of them.

The first concern is related to ANA's 1985 Resolution. Everyone involved in ADN education must be articulate, especially with legislators, to assure that associate degree nursing education, as we currently know it, continues to be valid for entry into registered nursing. This is especially important in light of a similar proposal by the Oregon State Board of Nursing.

The second concern or constraint can be classified as philosophical or attitudinal. Some administrators and faculty have been opposed to specialized accreditation, and therefore, have not sought it. One cannot conclude that those schools don't offer quality programs; it means the quality of the program has not been evaluated by

professional peers. This lack of NLN accreditation has limited some students' ability to transfer from one AD nursing program to another, has limited some graduates entrance into BS nursing programs and has limited some graduates entry into the military as a commissioned officer.

The third concern is a lack of understanding of NLN, its constituencies, programs and policies. The misunderstanding I hear most frequently is that the League requires a 1:10 faculty student ratio. That is not an NLN expectation. Another misunderstanding is that peer evaluation is more oriented to the needs of the profession than the safety of the consumer, the public. I know of no substantiation of that, and I'm sure that the current public members who serve on the AD Boards of Review would verify that such a concern is not warranted. An additional misunderstanding is about the League's commitment to experimentation and innovation. The League is not commited to the status quo; institutions and faculty are free to pursue their goals and objectives freely. Accreditation critieria mandate quality, not methodology. A widely held and very significant misunderstanding is related to assessment of quality by NLN accreditation versus a school's scores on the licensing examination. It is important for everyone to understand that scores on the licensing examination are a measure only of knowledge of the graduates on specific content. Only faculty members can assess the graduates' ability to apply knowledge and administer safe nursing care. The extent to which faculty assess this ability to apply knowledge is not reflected in test scores, however, it is an important component of NLN accreditation.

The fourth and final concern to which I will speak is adequacy of resources. Human, material, and financial resources are certainly diminishing, but the costs of NLN accreditation ($175 per day per visitor as of July 1, 1982) seems small as compared to the value of quality assurance. Creative ways must continue to be developed which will allow faculties to take advantage of some of the previously described activities and programs which will assure that effective and efficient nursing programs will be provided in the community college.

AN ACCREDITATION VIEWPOINT....

John J. Fauser, Director
Department of Allied Health Education
and Accreditation of the
American Medical Association.

I. Specialized Accreditation

I would like to begin my remarks this morning by recalling the purpose of specialized accreditation. What good does it do? How does it benefit the public, the sponsoring institution, the program, and the student?

Specialized accreditation is a process whereby an organization or agency, following professional peer evaluation, recognizes a program of study as having met certain predetermined standards. Specialized accreditation complements and augments institutional accreditation. It is a method to deal in depth with specialized areas, by peers. It is concerned with the quality of education in programs of professional study. It is intended to provide some assurance to the public of the quality of the education that persons in highly specialized areas receive — a responsibility for which members of an organized or licensed profession have traditionally been held accountable.

To whom is specialized accreditation of value? Certainly to the public. It renders institutions of higher education more accountable to the public for the quality of education they offer in specialized fields. It helps assure that practitioners who are graduates of accredited programs of professional education have had formal preparation that meets nationally accepted standards of quality and relevence. It serves to complement licensing and certification requirements by giving some assurance to credentialing bodies that candidates who sit for such examinations have been adequately prepared. Thus it minimizes the need for and costs associated with public sector regulation of the professions and their related educational programs.

Why do students enroll in accredited educational programs? Graduation from an accredited program benefits students by providing (1) an assurance that the program meets nationally established standards; (2) recognition of their education by their professional peers; and (3) eligibility, in many instances, for professional certification, registration, or state licensure. It can facilitate employment opportunities for new graduates by informing prospective employers about standards established for professional educational programs.

Benefits also accrue to educational institutions sponsoring accredited programs. Specialized accreditation enhances accountability and autonomy in all higher education by making available peer review assessments of the means by which educational institutions generate, transmit, and apply knowledge from professional disciplines or specialized fields. It facilitates and supplements the internal review processes institutions conduct and thus strengthens their claims of quality in their professional educational offerings. Specialized accreditation standards are developed on a national consensual basis, so that widely accepted review critieria are used to evaluate the specialized programs of study institutions offer. Specialized accreditation evaluates by peer review the scope, objectives, and quality of professional programs of study, in ways that assist such programs to adapt their curricula to the changing practice requirements.

What I have reviewed just now represents part of the theory of the value of specialized accreditation. Many of them are elaborated in a draft policy statement prepared by the Assembly of Specialized Accrediting Bodies of the Council on Postsecondary Accreditation (COPA). Admittedly, these values are not realized in every practical application of specialized accreditation. Nonetheless, they are the goals and the purposes of specialized accreditation, which in most cases are sufficiently achieved to bring real benefits to the public, the sponsoring institution, the program and the student.

II. The CAHEA System

The Committee on Allied Health Education and Accreditation (CAHEA) is sponsored by the American Medical Association (AMA), staffed by AMA's Department of Allied Health Education and Accreditation, and

is a specialized accrediting agency recognized by the U.S. Department of Education (USED) and COPA. Let me review briefly the overall scope and role of CAHEA.

CAHEA has fourteen members. These are individuals with broad interest and competence in the allied health professions and services. They include allied health professionals, educators, physicians, a hospital administrator, an allied health student or recent graduate, and two public representatives.

CAHEA encompasses a broad range of review and evaluation activities of educational programs in allied health on behalf of the AMA and 42 collaborating organizations composed of allied health professional organizations and medical specialty societies. CAHEA formulates its accreditation decisions on the basis of recommendations received from 17 review committees that are sponsored by the collaborating organizations. It is the final deliberative body for the assessment of compliance with established minimum standards for education for many of the allied health professions.

In addition to its primary responsibility of program accreditation, CAHEA's other responsibilities include:

- Working with review committees, collaborating organizations and other interested groups in developing, revising, and adopting policies and procedures that facilitate the accreditation process

- establishing and maintaining liaison with institutions that sponsor accredited programs and with related health and educational organizations to assure that CAHEA policies and procedures promote effective and efficient education

- establishing and maintaining relationships with allied health professional organizations and related medical specialty societies.

It is through cooperation within CAHEA's accreditation process that these allied health organizations, medical specialty societies, and review committees constitute the largest accrediting consortium in the United States.

- Over 1,700 universities, colleges, vocational-technical schools, hospitals and other institutions sponsor over 3,000 CAHEA-accredited programs. 449 (26%) of these sponsoring institutions are junior/community colleges. These 449 junior/community colleges sponsor 850 (28.3%) CAHEA accredited programs.

- Approximately 35,000 students graduated from CAHEA-accredited programs in 1980.

- More than 1700 allied health professionals, physicians, and others volunteered their services as participants in the accreditation process, including those performing on-site reviews of the qualifications of over 635 programs in 1981.

CAHEA accredits educational programs for 26 professions and occupations:

MEDICAL-CLINICAL SUPPORT/ASSISTANCE
Assistant to the Primary Care Physician
Emergency Medical Technician-Paramedic
Medical Assistant
Medical Assistant in Pediatrics
Opthalmic Medical Assistant
Perfusionist
Surgeon's Assistant
Surgical Technologist

CLINICAL LABORATORY SERVICE
Cytotechnologist
Histologic Technician
Medical Laboratory Technician (Associate Degree)
Medical Laboratory Technician (Certificate)
Medical Technologist
Specialist in Blood Bank Technology

MEDICAL RECORD MANAGEMENT
Medical Record Administrator
Medical Record Technician

CLINICAL AND REHABILITATION SERVICES
Occupational Therapist
Physical Therapist
Respiratory Therapist
Respiratory Therapy Technician

TECHNOLOGICAL SERVICES
Diagnostic Medical Sonographer
Electroencephalographic Technician
Electroencephalographic Technologist
Nuclear Medicine Technologist
Radiation Therapy Technologist
Radiographer

CAHEA believes it has obligations to the public and to the communities of interest that are represented within the many allied health occupations and to educational sponsors for which it accredits programs to assure compliance of these programs with standards.

The guidepost of CAHEA, and of specialized accreditation generally, is the public interest. However, as William Kaplan points out so cogently in his COPA occasional paper "Accrediting Agencies' Legal Responsibilities: In Pursuit of the Public Interest," the public interest may be "the most elusive of all the standards employed by the courts." (p.18) He suggests that an answer to the question of how accrediting agencies can best promote the public interest may be found in an exploration of the concepts of autonomy, impartiality, expertise and public representation. These are concepts which CAHEA attempts to embody in its structure and activities.

CAHEA is autonomous in its accreditation decisions. It is not obligated to nor are its decisions on particular programs reviewed by any other body having political or economic goals that may conflict with the educational goals of accreditation. CAHEA members are impartial decisionmakers free from actual or apparent conflicts of interests. If on occasion an individual member has a relationship with a given program under review which would compromise his or her impartiality, that member excuses himself from the discussion and accreditation decision concerning that program.

But as Kaplan observes, autonomy and impartiality constitute only half of the needed equation. They help prevent *bad* decisions; they do not guarentee *good* ones. To them must be added the ingredients of expertise and public representation.

In the CAHEA system, expertise in the progressional or occupational disciplines comes from the various review committees with which CAHEA works. The network is complex, somewhat fragile, and heavily dependent upon mutual cooperation, good will and good faith. But it works. To varying degrees, the individual review committees add the dimensions of educational expertise and public representation to the process.

CAHEA, the umbrella accrediting agency which makes its accreditation decisions in 26 occupational areas on the basis of recommendation of 17 review committees, provides the expertise of the generalist and the expertise in disciplines functionally related to each other. Through its two public members it attempts also to bring an expert sense of the interests of society which are implicated in accreditation decision making.

CURRENT CAHEA CONCERNS

Institutional Perogatives. Last October CAHEA sponsored a meeting on the "Rights and Responsibilities of Institutional Sponsors and Accrediting Agencies." One of the speakers, Dr. Frances Horvath, Dean of the School of Allied Health at St. Louis University, emphasized that it is the recognized, traditional right of the college or university to choose its own administration and faculty, to establish admission requirements and select its own students, to formulate curricula, establish graduation requirements, and determine the appropriate credentials to be awarded, to design facilities and apportion and arrange space, and to charge fees and manage its budget. These rights go hand in hand with the *responsibility* to provide quality education and conduct its affairs with integrity.

An institution does not abdicate its rights when it seeks accreditation. Rather, it agrees to exercise its rights within the framework of a given set of reasonable standards in order to meet its reponsibilities.

From the discussions that followed came a recommendation that CAHEA and the review committees work together to identify and modify statements in *Essentials and Guidelines*, and in other documents, that may infringe upon institutional rights and responsibilities.

CAHEA adopted the recommendation and has established a special work group to seriously address these important issues.

COSTS. CAHEA is funded by the AMA and does not charge fees. However, CAHEA has a number of significant obligations with respect to fees. These include: monitoring the costs of accreditation, helping to contain those costs, and approving the accreditation fee structure and subsequent increases for those review committees that charge fees to institutional sponsors.

Fee monies received by review committees are applied to the justified expenses of the program review process. Participants in the CAHEA-review committee system are keenly aware of the steadily climbing costs of activities necessary for program evaluation: meetings, air fare, lodging, mandated procedures and processes, the self-study, and the on-site review.

Over time, a number of practices have been established to help hold down the costs of evaluation. Visiting team members do not receive honoraria, nor do members of CAHEA or review committees. Those organizations that sponsor review committees make annual cash contributions to help support the activities of the committees. CAHEA staff provides liaison support to review committees at no cost to the committees. These are only a few of the means by which accreditation costs are kept at a fraction of their true fiscal value.

In April 1981, CAHEA requested that a special survey of sponsoring institutions be conducted to assure that its deliberations would have benefit of current information on the direct cost impact of accreditation procedures on institutions. It is not my purpose this morning to review for you all of the findings of this survey. A summary report will appear soon in AMA's *Allied Health Education Newsletter*. Allow me to note one highlight, however. The estimated equivalent value costs to institutions for self-study preparation and on-site visit activity appeared to be in the order of six times the costs of fees paid. Self-study appears without question, to be the most costly part of the accreditation process. It is also recognized to be among the most beneficial parts of the process to the institution and the program. CAHEA is working with its review committees to keep self-study documentation to the necessary minimum, that is, that it be responsive solely to the *Essentials* or standards for programs. In this way, costs can in part be restrained and the results of the self-study can continue to serve as a basis for improvement of program quality.

Coordinated Surveys. Institutions having multiple CAHEA-accredited allied health educational programs have been encouraged in recent years to request concurrent or coordinated on-site accreditation surveys of these programs. The number of institutions requesting joint surveys has increased in the past year. Some have been conducted at the time of and coordinated with the regional accrediting agency; some have been conducted in conjuction with other specialized allied health agencies such as those for dental, dietetic or nursing programs. From our point of view, these joint surveys have been generally successful. They can result in reduction of costs, reduction of the size of individual team sizes, better preparation for survey on the part of individual programs, less redundancy of self-study materials presented to review committees, and a greater sharing of information and expertise. While we do not believe joint surveys are a panacea for all the difficulties of on-site review of programs, we do believe they are a major step in the right direction. We welcome increased activity in this area in the years ahead because we believe greater coordination of efforts can improve both specialized and institutional accreditation.

In summary, let me reiterate:

1. Specialized accreditation complements institutional accreditation and aims at providing assurance to the public, the institution, the program and the student that programs of a highly specialized nature meet acceptable national standards.

2. CAHEA is an umbrella programmatic accrediting agency for educational programs in 26 allied health occupational areas. It attempts to coordinate and unify the accrediting activities in these areas. It does so by collaborating with 42 allied health and medical specialty associations that sponsor 17 review commit-

tees. It attempts to be accountable and to serve the public interest by embodiing within its structure and activities the concepts of autonomy, impartiality, expertise, and public representation.

3. Among current accreditation concerns being grappled with by CAHEA and its Panel of Consultants and Special Advisors are (1) the issues of potential infringement upon the rights and responsibilities of institutions which sponsor CAHEA-accredited educational programs; (2) the costs of accreditation and means of restraining future cost increases; and (3) promotion of coordinated accreditation activity among the 17 review committees with which it works, among health related specialized accrediting agencies, and between CAHEA and institutional accrediting bodies.

It is CAHEA's hope that such activities will help streamline the processes of accreditation and make it more responsive to the needs of the public and of institutions sponsoring programs.

— NOTES —

A SUMMARY OF VIEWPOINTS....

William J. MacLeod, Vice President
Council on Postsecondary Accreditation.

It is clear that accreditation, like all major social processes, remains far from the ideal it ought to be. Most troubling, however, is the fact that it is a process beset by more myths, rumors, strange expectations and misunderstandings than almost any other process I know. It is relatively easy to understand how non-Americans find it difficult to comprehend this uniquely American attempt at self-regulation. One of the former members of the New England Commission on Institutions of Higher Education wrote me from Argentina, where she was on a sabbatical leave: "Greetings from another academic world in which accreditation and evaluation are strange tribal rites, no match for polo or roast goat. I tried to explain the New England Association to one university rector (only part-time, of course, since his real business is being an admiral). I believe that he finally assumed that it was some sort of agency overseeing purification rituals appropriate to a section of the United States particularly burdened by guilt. At any rate, he kept muttering about Hawthorne and the *Scarlet Letter!*"

Unlike other countries which have centralized authority exercising national control over educational institutions, the principle of political freedom led, as Howard Bowen has indicated, to the affirmation that "the institutions of education and communications — the institutions that shape the minds of the people — stand apart from government." American institutions of higher education have enjoyed a remarkable independence and autonomy, and pluralism, diversity, and heterogeneity have been clear results of that freedom. But the issue of how to use that freedom responsibly has always been the critical one. The practice of accreditation arose as one important answer to that issue — institutions accepting not only the right to regulate themselves, but also the obligations and responsibilities that a system of self-regulation requires.

I

The accreditation process is just over 75 years old, if we accept its real beginnings in the field of medicine in 1906. In 1957, 21 specialized agencies were recognized by the National Commission on Accrediting. In 1965 that number had grown to 29. In 1982 there are 37 specialized agencies recognized by COPA, about a 30% increase in 17 years. One of those agencies is CAHEA, which represents 47 independent organizations in allied health areas that have come together to sponsor a single accrediting mechanism. Institutional accreditation, beginning in a real sense with the North Central Association in 1913, now includes nine regional Commissions and four national associations accrediting independent business schools, bible colleges, correspondence schools, and trade and technical schools.

An institutional accrediting body considers the characteristics of institutions as a whole. Thus it gives attention not only to the educational program of the institution it accredits, but also to such institutional characteristics as the student personnel services, financial conditions, and administrative strength. The criteria of an institutional accrediting body are broad and qualitative, as is demanded by the attention to an entire institution and by the presence in the United States of postsecondary institutions of widely different purposes and scopes. Such broadness of criteria also provide encouragement to institutions to try innovative curricula and procedures, and to adopt them when they prove successful.

Specialized agencies primarily accredit programs or schools in complex institutions that prepare professionals, technicians, or members of special occupations, for example, business, law, engineering, etc. Most of these agencies require that the programs or schools they evaluate must be part of an institutionally accredited entity. The intimate relationship of the specialized agencies to their professional associations provides an assurance that their accreditation requirements are educationally sound *and* are also related to the current requirements for professional or occupational practice. They play a significant role in defining the profession or occupation, in re-examining the educational requirements essential to

meet professional objectives now and in the forseeable future, and in protecting the public from being served by inadequately trained individuals. In a number of fields, graduation from an accredited program in the field is usually a requirement for receivng a license in the field. Consequently, although not often mentioned or considered by some critics, more specific requirements are often mandated, particularly for certain resources, in order to provide a program adequate for the preparation of the professional.

Institutional and specialized accreditation complement one another. The focus of a institutional accrediting body on an institution as a whole provides assurance that the general characteristics of the institution have been examined and found to be satisfactory. The focus of a specialized accrediting body on a specific program provides assurance that the details of that particular program meet the external accreditation standards. Institutional accreditation does not seek to deal with the details of any particular program, although programs are examined as a part of the consideration of the entire institution. Specialized accreditation, speaking to a specific program, does not in general deal with the overall conditions of the institution, although certain general conditions are examined in considering the context in which the program is offered.

II

Accreditation is essentially a response to the necessity for effectively developing quality control by the very institutions and programs that are being evaluated. Like all social processes, the record of voluntary peer-evaluation has been uneven, revealing responses not only to *internal* desires to do the ablest job possible but to *external* pressures for stricter accountability. Critics of the process have charged that specialized associations care only about their professions and not the institutions where their programs are carried on, that they abuse the freedom they have been given to restrict competition in their own fields and place inordinate demands on institutions for their specialty's resources. Institutional accreditation has been styled as a self-protecting, self-serving "buddy system", an archaic survival of the "good old boy" tradition, which is considered by the academic world to be

self-justifying and sacronsanct. One can find support for such charges in the past and present record, and yet the system which the institutions and the professions have devised to protect quality has to a large degree worked inordinately well to achieve that objective. In this day when there is clearly a crisis of confidence in higher education and in this accreditation process, there must be a return to and a re-thinking of our home-base principle — the process is *ours*; accrediting agencies are not external to us, but instruments that *we* have developed and accepted to serve and promote the affirmation we have made that we *can* and *will* regulate ourselves effectively, sensitively, and responsibly.

To what purpose? As summarized by the Council on Postsecondary Accreditation, the goals of accreditation are:

- To foster excellence in postsecondary education through the development of criteria and guidelines for assessing educational effectiveness.
- To encourage improvement through continuous self-study and planning.
- To assure the educational community, the general public, and other agencies and organizations that an institution or program has clearly defined and appropriate objectives, maintains conditions under which their achievements can reasonably be expected, appears in fact to be accomplishing them substantially, and can be expected to continue to do so.
- To provide counsel and assistance to established and developing institutions; and
- To endeavor to protect institutions against encroachments which might jeopardize their educational effectiveness and academic freedom.

The implications of self-regulation led in 1949 to the formation of organizations of accrediting agencies: the National Commission on Accrediting for specialized agencies and the National Committee on Regional Accrediting Agencies (to become later the Federation of Regional Accrediting Commissions on Higher Education, for agencies evaluating institutions as a whole, both

organizations accepting the responsibility for setting and maintaining higher standards for the self-regulatory agencies themselves. In 1975, these organizations merged to form the Council on Postsecondary Accreditation and, in doing so, accepted the obligation of undergoing periodic reviews of their accrediting activities in terms of criteria in several areas — organizational structure and scope, public responsibility, evaluative practices and procedures, educational philosophy and related procedures, and cooperation and coordination. A major task of this Council is to screen accrediting agencies who seek recognition status. Such review and recognition "acknowledge accreditation's broad public responsibilities as well as the specific interests of the many groups affected by accreditation."

The Council began its work at a time when pressures on institutions, programs, and consequently accreditation were beginning to mount, and those pressures have intensified. In a period of federal retrenchment, demands imposed on states by Propositions ranging from 2½ to 13, continuing inflation, and declining student enrollments and financial aid, institutions face and often succumb to the temptation to compete and retain for students at all costs. Peculiarly vulnerable to "worst cases" and horror stories, institutions find themselves in an atmosphere unlike anything they have experienced in their history — a decline in public confidence, a waning of belief in institutional integrity, and increasing doubts about institutional quality.

It is in this context that your concerns about accreditation have to be understood and addressed. It is that climate that exacerbates every concern, whether that concern be real or imagined. And it is that climate that raises a far more significant issue — whether the academic community will be able to preserve its self-regulatory responsibility for quality control and enhancement or whether that responsibility will be delegated to others already eagerly waiting in the wings.

It is, I think, unnecessary for me to repeat the problems that have occasioned the growing concern about the relationship of specialized institutional accrediting association, to other specialized associations, and to institutions themselves — proliferation of agencies,

duplication, complexity of requirements, the financial burden, infringement on institutional rights, and what-have-you. Let me rather suggest where and how these problems are or can be addressed by the agencies, by the Council on Postsecondary Accreditation, and by the institutions themselves.

III

First, the agencies. For all accrediting agencies, institutional or specialized, the assessment of the quality of education is the essential purpose, deriving from this the right of the agency to set standards that are reasonable and appropriate to achieve that purpose. No, one, I believe, would doubt that right; differences of interpretation about what is truly reasonable and appropriate, however, create constant tension. But we need to be reminded that this tension is *not* just between agencies and institutions — it is there within the agency itself among its own commissions and staff personnel as well as they constantly wrestle with the question of what really is not only reasonable but appropriate.

The tensions there are creative, or can be. Divisions of opinion are common. Specialized agencies are no more the monolithic and single-minded entities we assume them to be than are institutional agencies, educational institutions, or other organizations of human beings. There is ferment going on in all specialized agencies, as in institutional agencies, about standards, procedures, and policies, some of it admittedly the result of external pressures, but also the result of internal questioning about the relevance and reliability of these in enabling the agency to achieve its objectives. Witness the recent major changes in the standards and procedures of the Association of American Colleges and Schools of Business, the National Council for the Accreditation of Teacher Education, and the National League for Nursing. Witness the efforts John Fauser has described within CAHEA to maintain constant vigil over possible infringement on institutional rights, to ensure that policies and procedures are not only defensible but significantly related to the quality of programs. In effect, specialized agencies are involved in the same sort of evolutionary process that regional institutions went through years ago, when those within and outside of the Commis-

sions began to ask critical questions about the quantitative requirements assumed for decades to be imperative for quality institutions and the rigorous research that followed produced no evidence that this apporoach to quality-assessment had any real validity. The present climate of criticism may well have made these concerns more urgent and central; that may well be one of the blessings and valuable by-products of bad times for which we ought to be grateful, forcing us as they do to resolve issues given lower priority in good times.

Whatever the motivation, specialized agencies must, along with their right to set reasonable and appropriate standards, accept the corresponding obligations to the institutions whose programs they accredit. These include:

1. Providing guidance and support for the continued improvement of the programs. Bernie Hallinan has emphasized in her forum paper the consultation services available from professional staff and others with particular expertise, the publications useful for curriculum development, and the research being carried on nationally for the benefit of all insitutions.

2. Dr. Francis Horvath's paper on "Rights and Responsibilities of Institutional Sponsors and Accrediting Agencies", addressed to CAHEA and referred to by John Fauser, stressed another obligation. The institution, in seeking accreditation, does not abdicate its right "to choose its own administration and faculty, to establish admissions requirements and select its own students, to formulate curricula, establish graduation requirements and determine the credentials to be awarded to design facilities and apportion and arrange space, to select and contract with affiliates, and to charge fees and manage its budget." It agrees "to exercise its rights within the framework of a given set of reasonable standards to meet its responsibilities." The agency in return accepts the obligation to keep the framework from becoming "too complex, too cumbersome, too costly," so that, instead of guiding and supporting, it "begins to interfere and obstruct." That requires constant vigil and unceasing self-examination, and in its periodic reviews of agencies and its follow-up with agencies between reviews, COPA makes this a primary concern as well, and the examples of agency efforts in this

direction to which I have already referred are matched by others in agencies recognized by COPA. In that connection, however, let me urge that such agencies, representing *our* mutual and communal self-regulatory a ns, ought not to be condemned for the bad practices of others. One of the forum panelists this morning, for example, in speaking of accrediting agencies defining curriculum, faculty loads, physical facilities, etc. illustrated by quoting from the rules and regulations of the Washington State Board of Nursing, typical, he suggests, of State Boards of Nursing in the other 49 states. Regardless of whether such activities are called "accrediting" or not, the fact remains that these are *not* our agencies and *not* examples of institutional intrusion by the voluntary process for which we are responsible. That is not to say there are not examples in our own agencies not yet resolved (as Pogo once said, "Brother, we've got faults we ain't even used yet!") but that we should not lump state requirements or requirements of non-recognized agencies in with practices which are *our* responsibility.

3. Agencies also have the obligation to monitor the costs of accreditation and help to contain those costs, consistent with the purpose of quality education to be achieved. The findings of the CAHEA survey of sponsoring institutions that the self-study is at once the most costly part of the accreditation process and the one recognized as most beneficial to the institution and the program are *not* suprising. Experience with institutional and specialized agencies of all sorts suggests the same conclusion. The survey itself clearly reveals the concern of CAHEA that costs be restrained and not accepted as necessary and inevitable, however much the institution or program is benefitted by the self-study. And I might add that the action by CAHEA and, other agencies to ensure that only those requirements clearly necessary for ensuring compliance with standards are stipulated, is a recognition of what responsible self-regulation is all about.

4. Finally, specialized agencies have an obligation to cooperate with other accrediting agencies in resolving the problems of duplication of effort in preparing

self-study reports and multiple visits. Under the leadership of COPA, the accrediting community has agreed that cooperation is a desirable goal and that sincere, continuing efforts toward cooperation are essential if accreditation's position as a positive force is to be enhanced in advancing quality education. In just the last few years examples of cooperative arrangements have abounded, but many institutions appear still not to know of them or the options available to them. Some of our specialized agencies have moved far ahead of others in effecting procedures for joint evaluations. I have just perused an agreement between four specialized agencies that is a model for such evaluations, defining the role of the institution, patterns for cooperation, forms of self-study reports possible, selection of evaluators, forms of evaluation reports, and action by various Commissions. This is but the latest in efforts of which you should be aware, some of which are outlined in COPA's publication on "A Guide to Interagency Cooperation" which should be in the hands of the chief executive officer and/or accreditation liaison officer in all of our institutions. There is still a long way to go, but much has been accomplished in a relatively short span of time.

IV

Turn now to how the *Council on Postsecondary Accreditation* is addressing these mutual concerns.

First, it encourages, as we have suggested, the cooperation and commitment of accrediting agencies, specialized and institutional, to cooperative arrangements for joint evaluations.

Second, it encourages the consolidation of independent program agencies into more comprehensive "umbrella" agencies cooperating with institutional agencies, like CAHEA, the National Council for Accreditation of Teacher Education, and the Engineers' Council for Professional Development.

Third, in a major reorganization effective July 1, 1982, the COPA structure will for the first time include as a full Assembly, joining the Assembly of Institutional Accrediting Bodies and the Assembly of Specialized Accrediting Bodies, the seven national postsecondary educational institution-based organizations, as full partners in the task of controlling proliferation, assuring that institutional needs are addressed in face-to-face discussion, and developing a more responsible and responsive system of self-regulation.

Fourth, one of COPA's major tasks is to work to dissuade any proposed federal and state statutory requirements of specified forms of accreditation as a basis for eligibility of funds or as a prerequisite to licensure, and to challange such existing requirements.

Fifth, for more emphasis is now given to agency standards emphasizing outcomes of study rather than the traditional process-oriented standards. The major study sponsored by COPA and funded by the Kellogg Foundation on "Evaluating Nontraditional Institutions" has already had significant impact on all agencies in forcing consideration of ways to measure results or outputs. Far more needs to be done in this direction, but this emphasis alone, could clearly have major impact on agencies and institutions, and on the climate of confidence higher education seeks to restore.

Finally, COPA has developed a new set of *Provisions and Procedures*, effective October 1, 1981, based on two paramount principles "(1) Accrediting structures and processes should not fragment the educational process but should contribute to the concept of education as an integration of disciplines into a meaningful whole; and (2) Duplication of accrediting activities in the same general area is to be avoided, since it invites inconsistent and contradictory actions and thus leads to confusion on the part of students, institutions, and the general public. Instead of accepting as an inevitable result of increasing specialization the proliferation of new accrediting agencies, a pre-applicant process is now required of any agency before it can make formal application to apply for initial recognition. That process is monitored by the Committee on Recognition, and is an informal one, involving consultation, communication, negotiation, and feedback to enable the agency to focus on two major issues — the *need* for the proposed accreditation, and the *capacity* of the agency to meet that need. Major attention is paid to

the former, requiring investigation of all possible options. Can the need be met through existing agencies or in collaboration with other accrediting agencies? Is the need national, with a substantial universe of institutions or programs not presently being served and desiring accreditation? Clearly it is not necessary or desirable that every specialization be subject to all forms of quality assurance. Is licensure or certification sufficient in this area? Are there other ways besides accreditation for promoting and improving quality through existing associations that have professional programs, consultative services, and other activities for the improvement of members?

V

Far more could be said, but let me now turn to the *institutions themselves*. I have already discussed their rights and you are fully aware of your concerns. But what about institutional responsibilities? Somehow over the years a strange attitude has developed about the accreditation process, that it is an external process to which institutions must submit. Not only *prestigious* institutions but *most* institutions look on regional institutional accrediting agencies not as *their* self-regulatory instruments for quality assurance, but as "they". Perhaps it is a consequence of the fact that regional agencies, like all social mechanisms, once brought into being tend to develop a life of their own and thus become an "other". Perhaps it is an inevitable consequence of the diplomatic roles those agencies and commissions have to accept of being both *consultants* to institutions to help them improve themselves and *evaluators* who have to render judgments about quality, and the latter role always risks being thought of as an adversary, not as a partner. Perhaps it lies in the uses to which self-regulatory processes have been put by federal and state governments and private foundations, so that access to funding becomes thought of as the only important part of the process, the real end of the ritual. Sheer ignorance, however, is a major cause, an unawareness on the part of most constituencies in our colleges and universities of our *roots*, of the self-imposed obligations we have assumed and the responsibility we have for ensuring that the instruments we have developed serve and promote the affirmation we have

made that we have the right to regulate ourselves and will be responsible for proving to others we can do so.

The specialized accrediting agencies, however unique in their ties to a profession or occupation, and however tied in with state licensing procedures, are still part of that same affirmation. Those ties or alliances may make it easier to think of them as external to us, imposing demands on us we resent, but they are part of the same whole, and their presumed externality cannot become an excuse for ignoring our institutional reponsibilities. Let me cite some:

1. The primary responsibility for program or institutional integrity or quality assurance rests with the individual program, institution or governance systems in higher education. There is, as Dick Millard has said, "no way that any body, association, or government agency can bestow integrity or quality on a program, institution, or system. The assumption on the part of any such group that it can do so is an interesting form of self and social delusion. This means that the primary commitment to educationally sound objectives and effective means of obtaining them rests with faculties, administrators, trustees, and, I would add, students and alumni of programs, institutions, and systems. If institutions and programs will not accept this commitment and responsibility, no one can accept it for them.

2. It is the institution's responsibility to determine those areas of specialized programming in which it believes it should seek accreditation. Accreditation is not the only indicator of educational quality. For educational acitivities where there is no compelling social need for licensure, certification or accreditation, there are other ways to promote and improve quality. Dr. Evans has suggested in his paper some of the wrong reasons for seeking accreditation for programs — concern for prestige, the Good Housekeeping Seal of Approval, the Keeping-up-with-the-Joneses syndrome, and others *not* the central concern about maintaining a quality program. Despite accreditation's long history in this country, seldom have I seen an institution with a broadly-based committee to study the appropriateness and desirability of specialized accredita-

tion to meet the program-needs of the institution, and to develop clear and consistent policy to be implemented. That, it would seem, ought to be a fundamental obligation on the part of every institution.

3. There is a corollary to this, representing an obligation all too rarely accepted — that the institution has an obligation to determine whether it ought in fact to institute or to continue a particular program or programs. In a day when resources were seemingly unlimited, and, in the absence of any broadly-based committee to make appropriate decisions, all sorts of programs developed and sought accreditation. In a day when resources are seriously cut back, and when serious questions ought be to asked about what can and what cannot be done, not only are too many institutions not accepting the obligations to make hard judgements about programs that are marginal and yet must continue to be supported to assure any quality at all, but they are even attempting to outguess the market and field new programs for which resources must be sought if quality is to be assured. Or, in order to gain access to new student-resources, they are attempting program-development inconsistent with institutional mission and objectives and antithetic to any concern for program or institutional quality and integrity.

4. For all institutions, there should be an obligation to be aware of the options now available for cooperative arrangements with accrediting agencies to reduce costs in money, energy, and time, while maintaining the continuing self-study in which all institutions should be engaged. Many, perhaps most, institutions, are unaware of the options at all. More significantly, however, few institutions have thought of the ways in which they can develop their own planning and review schedule so that requests can be made of agencies to fit into that schedule. Here again is where a broadly-based committee, with primary responsibility for accreditation coordination tied to institutional planning, can be of significant help. It is astounding, but true, that many in our institutions do not know that accreditation takes place *at the request of the institution* through its president, and that requests for coordinated, joint, or complementary accreditation activities *must* come from the institution itself.

. . . . . .

The accreditation process is, as someone has well said, a very fragile process, but it *is* ours. As it now exists, it is far from the level of quality it must achieve, but remains one of the grandest examples of cooperation devised by those who believe they can regulate themselves. We will, however, surely lose that power unless we consider its preservation, constant renewal and support among the highest of our priorities. Quality-controls and increased cooperative efforts to do the job better are not *its* business, because accreditation is not an *it* external to you; it is *you*, it is *all of us*. Riding on the Washington Metro the other day I saw a sign advertising I know not what. It said, "If not now, when? If not us, who?" Without the combined efforts of COPA, the accrediting agencies, and institutions to address our mutual concerns and accept our specific responsibilities, the answer to the last question is certain — and frightening.

— NOTES —

A SURVEY OF CURRENT LITERATURE....

Gladys Hatfield, Director, Allied Health, Chemeketa Community College, Salem, Oregon.

The primary focus of this survey of current literature is on specialized accreditation issues and responses from the various participants in the allied health profession.

Accreditation issues and concerns, many unresolved from past decades, continue to surface in literature with a sense of urgency suggested for resolution. Some fear that if changes are not made soon, the accreditaiton process will self-destruct and no longer be acclaimed by the public as worthy and needed.[1] Possibly of equal import is the fear that if changes do not occur soon, the government may assume the role of accreditor and bring an end to voluntary accreditation processes in this country.[2] Selden[3] suggests that "if structural changes to provide more adequately for a balance of forces in the accrediting agencies are not readily forthcoming . . . anticipate accelerated endeavors to force such developments from the Federal Trade Commission, the U.S. Commissioner of Education, and the legislative and judicial branches of our government."

Thrash[4] comments that in addition to growing concern about the federal government's reliance on accrediting agencies as "reliable authorities" on quality of training, a significant impact is being experienced by "the exploding educational universe."

Professional associations, institutions, and various accrediting agencies generally accept the concept of specialized accreditation as being beneficial to the public, students, practitioners, and participating educational institutions. However, Young supports the view that program accreditation should be conducted only where there is a strong social justification, due to the time and expense consumed in the process. Marsee[5] also seeks a middle ground approach as a community college president, believing both institutional and specialized accreditation are necessary for upgrading, recognition, and for protection of the public. He did favor limiting specialized accreditation and indicated that now is the time "to put on the brakes."

Brodie and Heaney[6] contend that the growing number of vocational and professional groups (50 plus categories), exclusive of specialties within categories, now provide a health service. Each group seeks to identify itself as a specialty health service and many have established accrediting procedures for maintaining educational standards. So great is the demand from the accrediting bodies that academic health centers and institutions find that the cost in money, time and duplication of effort has become exhorbitant, thus creating major problems for institutional management.

Accrediting agencies came into being to protect the public interest under private, non-governmental auspices through voluntary self-regulation by peer groups of educators and members of representative professions. These agencies also see their mission as one of assisting the individual institution to strengthen and improve itself through self-study and peer appraisal. Specialized (programmatic) accreditation, according to McTernan,[7] is aimed at protecting the public against professional incompetence. He indicates that concern for the public interest came later, the initial concern being to meet needs of educators, educational institutions, programs, and professional groups within our society. The traditional role for accrediting agencies has more recently been expanded to respond to concerns for institutional integrity, as well as educational quality.

Specialized accrediting agencies derive criteria (essentials) and guidelines primarily from professional organizations for determining standards for an educational program. Peterson[8] points out that specialized accrediting agencies have long been suspect on the issue of self-protection versus protection of the public. In study of accreditation standards as commissioned by the Council on Post-Secondary Accreditation (COPA), Peterson concluded that accrediting activities have strengthened considerably and that standards, for the most part, are more qualitative than quantitative, more general than specific, more flexible than rigid, and more up-to-date than outdated.

The Committee on Allied Health Education and Accreditation (CAHEA), according to Parks,[9] also is concerned that essentials adopted by the career organization

reflect valid and reliable standards, and that essentials maintain objectivity in the moving from quantitative to qualitative standards. Consideration is given by CAHEA to developing essentials or criteria which are consensus-based, low-cost, valid, and reliable.

A significant challange in the accrediting of allied health programs is the number of different institutions, organizations, and individuals, all having discrete interests and objectives. Several health groups elect to accomplish the accrediting function through the representative professional association or society. Others opt to collaborate with the American Medical Association under an umbrella accrediting organization called the Committee on Allied Health Education and Accreditation (CAHEA).

CAHEA's,[10] the largest accrediting consortium in the United States, primary responsibility is to accredit allied health educational programs and to improve programs through modifications made by program faculty and institutional administrators in order to meet accreditation standards. These standards are endorsed by broad consensus within the communities of greatest interest and thereby the criteria (essentials) represent accepted standards for education in a given occupation.

The CAHEA accreditation process involves forty-six collaborating organizations and agencies for development and adoption of essentials. Educational institutions develop allied health programs, apply for accreditation, conduct analyses and prepare self-analyses reports.

CAHEA, according to the National Commission on Allied Health Education review,[11] has given the collaborating professions a stronger voice in recent years, but has not won unanimous support. A case in point is the American Physical Therapy Association,[12] which opted to sever its American Medical Association ties and conduct accreditation independently. In that CAHEA continued its program accreditation process for this group, programs became subject to quality assessment by two bodies. A more recent coordinating body on the accreditation scene is the Council on Post-Secondary Education (COPA), as an outgrowth of two already existing organizations involved in accrediting for higher

education and the various professions.[13] This organization came into being in 1975 to coordinate the rapidly expanding accreditation systems at the post-secondary level and to maintain private control, a common value of all the groups involved. The term voluntary may be a misnomer, as suggested by Dickey and Miller,[14] in that with few exceptions, institutions are forced to seek accreditation status. Many schools must also seek specialized accreditation for one or more programs so that graduates qualify for certification or licensure and become eligible for transfer to other institutions for obtaining advanced degrees.

COPA attempts to achieve a balance among fifty-five accrediting bodies, four thousand institutions, and the general public. COPA grants recognition to accrediting bodies that meet its criteria, and initiates meetings with representatives of health profession organizations to bring about coordination of accrediting activities.

The Presidents' Committee on Accreditation of the American Council on Education[15] called for all participating institutions to deal with accrediting agencies that are recognized by COPA. The resolution was conceived as a unifying mechanism to continue strong nongovernmental accreditation to maintain reasonable balance between institutional and specialized accreditation, and to encourage recognized agencies to improve their procedures.

Constituents of the accrediting system support nongovernmental control but recognize the need to interface with the U.S. Office of Education. The Commissioner of Education determines eligibility for selected federal aid to education and maintains a published list of recognized accrediting agencies and associations. The list includes institutional and specialized associations having accrediting responsibility for post-secondary institutions and programs.[16,17]

The state boards of education, as well as boards governing practice of the various health professions, authorize/approve educational programs within their respective states. Programs are monitored and evaluated for compliance with minimal standards set by legislatures and the state agencies.

Health professional organizations perceive one of their primary roles as standard-setters for practice and education. The National League for Nursing (NLN) and American Nursing Association (ANA) are prime examples. In 1962 the NLN developed criterion statements to reflect acceptable standards for use by the colleges offering associate degree programs in nursing and by the Board of Review for Associate Degree Programs in its evaluation of the educational programs for accreditation. The use of criteria is purported to be "evolutionary, and so need to be reviewed and revised periodically in order to keep them abreast of changes in nursing and education."[18] These criteria include the following areas: Philosophy, purposes, objectives, organization, administration, faculty, students, program of learning, resources, facilities, services, and continuing education.

The National League for Nursing, as a voluntary national accrediting agency, states as its purposes the development of sound educational programs and public assurance of quality education.[19] The objectives of effective, quality nursing education may be summarized: to develop guidelines for assessing excellence in post-high school nursing education; to encourage the improvement of educational programs through continuous evaluations; to inform the general public, including the educational community, that nursing programs have clear and appropriate educational objectives and are providing the conditions under which these objectives can be fulfilled; and to protect the integrity of educational institutions against the encroachment of outside forces that may threaten educational effectiveness in nursing. No voluntary accreditation program can force any programs to meet state laws regulating educational institutions.

In a report of the Committee for the Study of Credentialing in Nursing,[20] it was noted that accreditation of schools of nursing by four educational councils in the major accrediting agency (NLN) tends to perpetuate the existing educational patterns rather than encourage new patterns of nursing practice and corresponding preparation. This committee also noted that diverse levels and types of current and proposed licensure for nursing in the various states distort the intent of licensure for the protection of the public.

This same committee sponsored by the American Nurse's Association took the following positions about control of credentialing:[21]

1. It is an appropriate role for state government agencies to regulate nursing (nursing boards) to protecting the public to license individuals for practice

2. It is an appropriate role for the profession, with broad consultation, to credential and/or set standards for the credentialing of:
   a. Individuals:
      1. For entry into professional practice.
      2. For entry into specialty practice.
   b. Institutions and agencies offering educational programs which prepare:
      1. For entry into professional practice.
      2. For entry into specialty practice.
   c. Institutions/agencies providing organized nursing services.

3. It is an appropriate role for the federal government to determine that agencies, institutions, programs and individuals eligible for funding and reimbursement are appropriately credentialed according to the roles defined above.

Considerable impact on curriculum and institutional costs as a result of credentialing is recognized. Following consideration of the cost in credentialing, the Study Committee took the following positions:

> Although the cost of credentialing mechanisms and processes may be subsidized in part by government, philanthropy, and professional societies, the costs of credentialing are ultimately reflected in the cost of health care, therefore:

1. Credentialing should be limited to that required to serve the public welfare.

2. A coherent, articulated, comprehensive system, considering all persons involved in nursing practice, should result in minimal credentialing and related costs.

3. Individuals are responsible for maintaining their own competence and for the learning required to maintain that competence and for the costs of associated credentialing.

4. Agencies and institutions providing nursing education and nursing service are responsible for maintaining the quality of those programs and services and for the costs of associated institutional and program credentialing.

5. Cost studies of credentialing and public oversight of relationships between credentialing (and other regulatory mechanisms) and health outcomes should continue to be done.

This Study Committee further recommends that requirements for licensure, particularly with respect to definitions and standards for monitoring competence of practitioners contained in nursing practice acts, should be comparable throughout the nation to ensure a minimum level of quality of nursing care for all citizens and to facilitate mobility for professionals.

The American Nurse's Association's paper[22] on nursing education implies that the movement of nurse training into colleges requires institutions accept responsibility for increasing facilities and faculties to meet the expected applicant increase and to carry on continuing education.

The literature provides little evidence to support increasing power and control. While not specifying which ones or how, Selden[23] suggests the patterns of control, procedures, and mechanics of accreditation, certification, and licensure have changed little since their inceptions in the nineteenth and early twentieth centuries. He goes on to say there have not been corresponding changes in the operations of these procedures and their relationship to each other commensurate with the changes in social issues and philosophical attitudes.

Lewis[24] lists five areas in which both voluntary and state accrediting agencies must work: (1) communication that looks toward improving understanding, (2) communication among those involved in accreditation, or approval, in education, and the general public, (3) keeping accrediting or approval policies and procedures relevant to rapidly shifting demands, (4) providing leadership but not authoritarian direction, and (5) providing coordination of effect among accrediting and approval agencies.

Neither the legal body nor the profession is free to set standards in isolation. Others who are generally concerned with a set of standards include: the faculties conducting nursing programs; the parent institutions where nursing programs are located; the professional association (the association cannot expect that all of its suggested standards can be adopted by the state, without modification to fit into the legal system or without consideration of the effect that the standards will have on students, educational institutions, or others concerned); the bodies responsible for funding programs; and the consumers. Gardner[24] suggests that nurse faculties and institutions can be one source for the formulation of standards.

The Feldbaum study[25] investigated who public officals hear from about nursing issues. It was found that nursing professional association leaders are the active communicants. But associations represent only a small proportion of nurses and do not reflect the compositional characteristics of the nursing corps, particularly in relation to higher educational degrees and higher status nursing positions. It was recommended that for sound public policy mandates, public officials must be aware of the full domain of nurse opinions. To facilitate awareness, public debates on nursing issues should be widely publicized.

Commitment by the nursing profession to accreditation as a worthy endeavor continues to be expressed by Bierchen[26] when stating her belief that self-study is a valuable endeavor for any program and should not be an end but a beginning leading to professionalism. She recognizes that the process requires time and hard work.

Liason is established, according to Parilla[27] for communication and coordination between the American Association of Community and Junior Colleges and NLN's Council of Associate Degree Programs to deal with concerns on entry into practice and credentialing as well as education versus professional issues.

As reported by the National Commission on Allied Health Education, represenatives of health professional groups reportedly are most concerned about identity, status and recognition. The obvious response is to upgrade credentials, usually done without validating the need for upgrading. Due to educational content being determined by expert judgement, the tendency is to include more than is required for educational achievement.

Professional associations seek quality assurance in practice and education. Thusly, credentialing and accreditation issues are given attention by these groups. Professional societies share their concerns with educators and consequently have participated in joint studies and activities such as the Study of Accreditation of Selected Allied Health Education Programs (SASHED), Committee on Allied Health Education and Accreditation (CAHEA) and National Commission on Allied Health Education Survey and Review (NCAHE).

The NCAHE Report describes the interrelated influence of certification and accreditation:

> "Although the educational institution has the responsibility to prepare competent practitioners, the right to practice should ideally be determined by demonstration of competency rather than degree. However, many certifying bodies have contributed to the inflation of educational credentials by using educational attainment and completion of approved programs as an indicator of preparedness for practice. In part, this reliance on educational critieria rather than demonstrated competency has been necessitated by the lamentable gap in information on practice needs and the questionable validity of testing mechanisms. The National Commission for Health Certifying Agencies (NCHCA), an umbrella organization of professional associations and credentialing bodies, has taken the leadership in moving toward more widespread development of standards and procedures to permit assessment of occupational preparation on the basis of professional/technical knowledge and skills rather than on the basis of overall program length and/or academic degree awarded."

The professional associations' view of accreditation issues is related in the 1980 Forum proceedings by Holmstrom,[28] a research sociologist. He expands on the relationship and role of organized medicine and dentistry in the accreditation of allied health educational programs. He discusses cooperative efforts initiated with some success for sending accrediting teams on concurrent, coordinated, or conjoint site visits. Options for streamlining the process being considered include shortened forms, use of common terminology, and use of common forms. Holmstrom also suggests consideration be given to determining if indeed all allied health programs need to be accredited.

Criticism continues to be directed at the potentially self-serving interrelation between health professional associations and their respective accrediting bodies. Schermerhorn,[29] in a survey conducted to delineate educators' concerns about accreditation, indicates that two-year schools rank as having the highest constraints on the effectiveness of accreditation, as 1) the professional associations view their programmatic accrediting arms as agents for advancement of professional goals; and 2) programmatic accreditation has as its principal interest the methodologies of education. Shimberg[30] voiced similar concern when speaking at the Clearinghouse Conference on Licensure, Enforcement and Regulation. He questioned the soundness of accreditation being essentially in the hands of the professional associations which are committed to advancing their own professions and promoting the interests of the membership. With few exceptions in the health field, the parent body of the accrediting agency is the professional society into which the graduates of accredited schools will enter. These members, in turn, will reflect what they were taught and, as practitioners, what they wish to maintain. Brodie and Heaney contend that the public interest is ill-served when a professional society controls the standards of education, the number of accredited schools and, hence, the number admitted to the profession.

As early as 1971, the Newman Report[31] indicated reform was called for in the overall higher education accrediting process. Studies followed, and among these, an AACJC sponsored Study of Accreditation of Selected Health Education Programs published in

1972,[32] urged that high priority be given to research designed to validate the development, substance and application of accreditation criteria. Although some changes were implemented, standards such as those for faculty/student ratios, support services and faculty qualifications are still under scrutiny by educators. Diversity of standards creates obstacles for geographic and career mobility. For this reason, the National Commission on Allied Health Education in 1980 called for removal of arbitrary barriers in accreditation. Jacobsen[33] reported on a panel which had called for accreditors to shift standards and to place greater emphasis on outcomes. Hall[34] commented later at a national forum that evaluation for all colleges is shifting modestly toward a reliance on outcome data.

Administrators of institutions with a number of programs in the health field complain that accrediting practices are fragmented, uncoordinated and unnecessarily duplicative. Parrish[35] noted in a recent publication a concern for unnecessary duplication in credentialing and accrediting in that presumably valid examinations are employed to screen potential licensees, yet states require candidates to graduate from accredited programs.

Educators and institutional administrators, while supporting specialized accreditation when needed, are continuing to voice concerns and are calling for resolution of proliferation, duplication and other defects in the system. Duval, as quoted by Coughlin;[36] "The professions are the source of proliferating demands for accreditation." "Universities may decide not to put up with accreditation."

Allied health administrators in junior and community colleges were cited by Schermerhorn as having growing concern about increasing rigidity and complexity of programmatic accreditation requirements. Among other short-comings reported were the "multiplicity of accreditations; amount of minutia and insignificant data required for self-surveys and reports; accreditation fees charged by the various agencies; cost of materials and services used in preparing for accreditation; and frequency of reaccreditation." The overriding accreditation issue appeared to be with process rather than principle.

Costs are becoming a more critical issue due to diminishing resources and public demand for the most effective use of time as well as human and material resources. Shimberg contends that health-care costs are escalating due to the trend to upgrade entry level requirements for practice. The quasi-government linkages with accreditation and program approval processes also impact curricula and accelerate costs for institutions. These same costs eventually are reflected in higher taxes and/or increased health care costs for individuals and groups.

Reibling[37] presented the community college view contending that the fees alone are a "mere pittance". Self-study, curriculum changes, site visits, salaries of staff as site visitors and review body members enter in the determination of true costs. Somewhere, again, these costs must be absorbed in the total system. He suggests that costs could conceivably run as high as $4,700.00 per program annually if all costs were included. A more cost-effective system is needed.

Evans reports on a number of issues, including consumer roles and rights in accreditation. Consumers have and will continue to demand greater participation through membership on councils, agencies, and boards dealing with accreditation matters pertaining to health care and education.

Another issue of long standing reported by Evans was that of power. Seeking to maintain control and turfing are prevalent notations throughout the history of accreditation. Vanable[38] makes reference to such struggle in a discussion on the professional role of the dental hygienist as viewed by accreditors. Orlans[39] referred to turfing in the early seventies saying, "The accrediting game is as peaceful as the Roman Games." Turfing is again cited by Martin in the early eighties as a major accreditation concern. Connelly[40] calls for accrediting bodies among others to reexamine their approaches to implementing their control on allied health education and to make provision for flexibility. He believes flexibility is required to shift the focus to an interdisciplinary approach essential for continued growth and maturity of the allied health disciplines.

Conflicting opinions have been expressed to the degree of change occurring over time in the structure and process for improved coordination, efficiency and accountability in accreditation. Thrash speaks hopefully of the future in the introduction to this national forum audience stating that positive indications can be seen that "the accrediting community can be flexible and responsible". At the conclusion of the forum proceedings, suggestions for future agendas were generated in small group discussions, highlighted by Martin urging continued interactive planning. A thorough historical and futuristic review of specialized accreditation issues in allied health is presented from various perspectives in the *Proceedings of the National Forum on Accreditation of Allied Health Educators, April 28-30, 1980.*[41]

As referred to earlier, community colleges through their national association and counterparts within the states support accreditation for evaluating and assuring educational quality. Due to the rising concern over unresolved accreditation issues, college presidents are asserting leadership beginning at local and state levels to implement the American Council on Education's position statement (November 6, 1978) supporting COPA's role in accreditation.

Accredited institutions are to:

1. Deal only with COPA recognized accrediting bodies;
2. Follow COPA guidelines with regard to statements concerning accreditation appearing in catalogs and other published materials;
3. Assure that all institutional relations with accrediting agencies are centrally coordinated so that the president can be informed of the full range of relationships and requirements; and
4. Accept a responsibility to provide volunteer leadership, whenever appropriate, within recognized accrediting organizations.

In Oregon and Washington, presidents of community colleges have expressed concern about accreditation. In Oregon, the Board of Directors of the Oregon Community College Assembly (1977) adopted a resolution which expressed concerns about escalating specialized accreditation and called for examination of the issue by other affected groups. Subsequently, two statewide studies were

conducted. The findings of Oregon Community College Presidents' Specialized Accreditation Committee, in 1977, closely parallels concerns covered in preceding pages as to proliferation, duplication, costs, and differing opinions as to value. It found that most faculties differ from administrators on the issue of restricting the power of accrediting bodies. In that curricula in Oregon community colleges met or exceeded the standards set by accrediting bodies, the committee suggested the need for further validation of criteria used for specialized accreditation. This group recommended guidelines for affiliation or non-affiliation with specialized accrediting groups; urged colleges to adopt a policy on specialized accreditation; recommended the State Board stop proliferation of specialized accreditation associations; and reaffirmed that all accreditation is voluntary for an institution.

The second study conducted by the Oregon Educational Coordinating Commission Issues Committee (1978), considered intersegmental as well as individual institutional impact in regard to benefits and costs of specialized accreditation.

Concurrent with this study, the Oregon State Board of Education (1978) recognized specialized accreditation may be needed when clearly in the public interest. Another resolution supported the regional accrediting body as the primary accrediting agency for Oregon community colleges and supported recommendations of Presidents' Committee. Department staff were urged to actively support national efforts which are in harmony with this position.

A resolution on specialized accreditation under review by Washington and Oregon community college presidents was presented (December, 1981) to the membership of the Northwest Association of Schools and Colleges. The purpose of the resolution was to underscore the rapid expansion of specialized accrediting agencies (70% in the last ten years). The expense of evaluation activities for specialized accrediting agents, while members of this region are experiencing fiscal reductions, makes it difficult to fund these visits which are often duplicative of requirements for general accreditation. The resolution also expresses genuine desire to establish policy guidelines for coordination and for roles of institutions and specialized accrediting agents.

If adopted and implemented, the coordination of activities of the regional body will be strengthened, and local institutional policies established. Duplication is to be eliminated every way possible and guidelines implemented for participation in working with specialized accrediting agencies. Principles listed were:

1. Institutions that decide to invite specialized accrediting agencies to evaluate their programs should base their decision primarily on the need of the accreditation for program graduates to qualify for employment.

2. Institutions should be assured that the specialized accrediting agency bases its evaluation and accreditation decisions on the demonstrated ability of the program to prepare qualified graduates.

3. Specialized accrediting agency reviews should be coordinated with an institution's own self-study and planning mechanisms. Agency visits should be organized in related groupings except for the initial evaluation, and kept to a minimum. The specific groupings and the timing of evaluations should be defined by the institution in coordination with the Northwest Association.

4. Evaluations by specialized accrediting agencies should not normally occur more often than every five years.

Washington's representative for four-year institutions is asking to work with community colleges in an attempt to coordinate efforts to control specialized accreditation.

In conclusion, some citations regarding futures in the health field are noteworthy in considering issues to be resolved in the eighties. Kinsinger,[42] in describing the community colleges and allied health in the 1980's, states that the cost of instruction will become an increasingly important issue. He goes on, however, to say, "The shifts in how America deals with health needs in the eighties will have even more effect on allied health education in community colleges than will finances, educational philosophy, policy and technology, credentialing changes or any of the other issues that regularly influence decisions." As to future role of community colleges in preparing allied health personnel he states, "Their full potential will be realized only if they are sufficiently responsive to rapid, and sometimes dramatic, shifts in health service requirements and, accordingly, are able to alter their educational enterprise quickly and appropriately."

NACHE recommends providing maximum opportunity for student development without added cost to society which can be achieved by removing barriers in the accreditation and credentialing processes. "Accrediting bodies should examine their policies to determine if and how they may be obstructing articulation between levels and between disciplines."

Albright[43] suggests future changes to make accreditation processes more efficient and effective:

- a common self-study format
- integration and clustering of campus visitations
- use of regional accrediting agencies as umbrellas and a structural ribbing for the entire process
- minimal governmental intervention
- establishment of validity and reliability of accreditation criteria
- relieve unwarranted demands on institutions which are resulting in prohibitive costs

The educational institutions across the country are insisting that accrediting bodies and respective associations recognize the need to incorporate changes to conform to the contemporary social order and to achieve a more equal balance of forces. Selden anticipates if this does not happen, such endeavors will be forced upon accrediting agencies and health professional counterparts by the federal government.

Evans concludes her deliberation on the future of accreditation stating, "In essence, if the two consumers of accrediting, i.e., the public and the institutions, decide that it is worthy, it will continue." Issues and concerns are complex but not unresolvable.

Martin discusses the social, political and economic forces producing major changes which will have considerable import on accreditation. He forsees the consumer becoming more actively involved in health issues, more apt to ask "Why?" and to demand accountability. The employer of the health professional will be the large corporations. The employer will not share collective belief in the value of accreditation and credentialing, but will tend to view it as another form of trade unionism. The trend toward greater competition in health care will appeal to consumers and may have backlash for health professional and educational institutions, as private entrepreneurs begin to compete in preparing health workers and professionals. Government will continue to be deeply involved in citizen protection. Also, government may explore credentialing large institutions as a way to lessen regulation and lower cost. The power of the professions will decrease. The next twenty years will be a period of significant changes.

— NOTES —

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